

For Board Use Only  
Fee Paid: \_\_\_\_\_  
Date: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Applicant #: \_\_\_\_\_



**GEORGIA STATE BOARD FOR THE CERTIFICATION OF LIBRARIANS**

237 Coliseum Drive  
Macon, Georgia 31217  
Phone (844) 753-7825  
[www.sos.ga.gov](http://www.sos.ga.gov)

**DUPLICATE LICENSE CARD ORDER FORM**

To request a duplicate license card, please complete the following form and enclose a check or money order in the amount of **\$25.00** made payable to the Georgia State Board FOR THE Certification of Librarians and mail to the address listed above.

**Type License (check one):** ☐ Librarian

**License #:** \_\_\_\_\_

**Reason for Duplicate License:**

☐ Name Change\*\*    ☐ Address Change    ☐ Lost/Stolen

**\*\*Complete order form in your new LEGAL NAME. Submit photocopy of legal documentation for changing name: Marriage Certificate; Filed Marriage License; Divorce Decree; Court Order.**

**Name of licensee:** \_\_\_\_\_  
(Please print CLEARLY)

**Mailing Address:** \_\_\_\_\_  
(Street or PO Box)  
\_\_\_\_\_  
(City) (State) (Zip)

**Daytime Phone #:** (     )    **Cell Phone:** (     )

**Email Address:** \_\_\_\_\_  
(Please print clearly)

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_